24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)					PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMI Congression	MITTEE (In Full) Onal Leadership Fur		FEC IDENTIFICATION NUMBER ▼ C C00504530			
					C 00004550	
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee American Media & Advocacy Group					of Public Distribution/Dissemination	
Mailing Address 815 Slaters Lane					unt	
City State Zip Co			Zip Code		952836.80	
Alexandria VA			22314	Transaction ID : 001 Date of Disbursement or Obligation		
Purpose of Expenditure Media placement			Category/ Type 004		10 07 2016	
Name of Fed	leral Candidate		Support	Office Soug	ht: 🗶 House District:07	
Bera, Ami, ,	,		X Oppose	Presid	dent Senate State: CA	
	r Year-To-Date ction for Office Sought		953200.13	Disburseme	ent For: Primary	
Full Name of DMM Me	f Payee			Date	e of Public Distribution/Dissemination	
					10 / 11 / 2016	
Mailing Addr	1011 IV. 1 of two year B	rive		Amo	punt	
City	Suite 400	State	Zip Code		14804.21	
Arlington		VA	22209		saction ID : 002 e of Disbursement or Obligation	
Purpose of E Media produ			Category/ Type 004] [10 / 11 / 2016	
	deral Candidate		Support	Office Soug	ght: House District: 07	
Bera, Ami, ,	,		x Oppose	Presi	dent Senate State: CA	
	ar Year-To-Date ction for Office Sought		968004.34	Disburseme 2016	ent For: Primary General Other (specify)	
(a) SURTOTA	L of Itamizad Indopendent	Evnandituras			967641.01	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures.					7 7 7	
with, or at the		ny candidate or authorized	•		cooperation, consultation, or concert f the reporting entity is not a political	
	Crosby, Caleb, , ,	[Electron	ically Filed] Date	10	13 / 2016	
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Congressional Leadership Fund	C C00504530						
Check if 24-hour report							
Full Name of Payee DMM Media		Date of Public Distribution/Dissemination					
Divilvi Media	10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 1911 N. Fort Meyer Drive	Amount						
Suite 400	Amount						
City State	2795.52						
Arlington VA	yton VA 22209						
Purpose of Expenditure Media production	Category/ Type 004	Date of Disbursement or Obligation 10 11 2016					
Name of Federal Candidate	Support Office	e Sought: X House District: 07					
Bera, Ami, , ,	X Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought	970799.86 Disb 2016	ursement For: Primary General Other (specify) ▶					
Full Name of Payee	,	Date of Public Distribution/Dissemination					
The Prosper Group		M M / D D / Y Y Y Y					
Mailing Address 435 East Main Street		10 11 2016					
Suite 250		Amount					
City State	Zip Code	19042.00					
Greenwood IN	46143	Transaction ID : 004					
Purpose of Expenditure	Category/ 004	Date of Disbursement or Obligation					
Media placement	Type 004	10 11 2016					
Name of Federal Candidate	Support Office	ee Sought: 🗶 House District:07					
Bera, Ami, , ,	X Oppose	President Senate State: CA					
Calendar Year-To-Date	Disb	pursement For: Primary X General					
Per Election for Office Sought	989841.86 201						
(a) SUBTOTAL of Itemized Independent Expenditures							
· · · · · · · · · · · · · · · · · · ·		21837.52					
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	·····	989478.53					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Crosby, Caleb, , , [Electronically Filed] Date 10 13 2016							
Signature							